

Employer Withholding Electronic Filing Waiver Request

Complete this form to request a waiver if you are unable to file and/or pay your Withholding Tax and/or file your Employer W-2/1099s electronically or need more time to do so. Indicate the electronic waiver(s) being requested and provide all information.

The Waiver is being requested for Tax Year _____

☐ Filing/Paying Withholding Tax ☐ Filing Employer W-2/1099s - Number of Employees _____

Waivers may be granted for one Tax Year and will expire with the filing of the December Tax Period to include the VA-6 and W-2s/1099s for that year. If you need additional time once the waiver period ends, you must submit a new waiver request.

Business Information

Tax Preparers submitting requests for multiple businesses - Provide **your** contact information below and attach a list of all businesses represented in this request and provide the Business Name, Sole Proprietor Name if applicable, and Federal Employer Identification Number (FEIN) of each. The Approval or Denial letter will be sent to the employer. All others, provide the information requested below.

Business Name: _____

If a Sole Proprietor, First and Last Name of Owner: _____

FEIN: _____

Mailing Address: _____

Contact Name: _____ Phone Number: _____

Reason for Waiver

Check the reason a waiver is being requested and provide all information requested.

☐ No Computer

☐ Need More Time – Provide the specific reason and the date you expect to be ready. _____

☐ No Internet Access Available in Area

☐ Business Closed / Closing – Provide the date the business closed or is closing. _____

☐ Other – State the specific reason. _____

Fax to: (804) 367-3015

OR

**Mail to: Virginia Department of Taxation
Waiver Requests
PO Box 27423
Richmond, VA 23261**